

APPLICANT DATA RECORD

This record will be maintained apart from your Application for Employment during the application process.

All qualified applicants are considered for employment, and employees are treated during employment without regard to race, color, religion, gender, national origin, age, citizenship, sexual orientation, disability, or Vietnam-era veteran status, "special disabled veteran" status or other eligible veteran status. Additionally, the City of West Lafayette provides reasonable accommodation to qualified individuals with disabilities.

To help the City comply with applicable government regulations concerning equal employment opportunity and affirmative action, it requests that you complete the Applicant Data Record. Submission of this information is voluntary. You will not be subjected to any adverse treatment if you do not provide the information requested. This data will be kept in a separate file from your Application for Employment.

Position applied for: _			<u></u>	Date:
Referral Source:	□ Advertisement	□ Relative □	Walk-in	□ Friend
☐ Employment Agenc	sy			
	□ Other Name of S	Source (if applicable)		
Applicant's Name Last First	M.I.	Area Code	e Phone	e ()
Email				
Address				
Street	City	S	ate	Zip Code
Check all of the followi	ng which apply.			
Gender □ Male □ Fen Ethnicity □ Hispanic or Latino- origin, regardless of race	A person of Mexican, F	Puerto Rican, Cuban,	Central or S	South American, or other Spanish culture or
Middle East. ☐ Black or African An ☐ Asian (Not Hispanic	nerican (Not Hispanic o c or Latino)- A person h ent including, for exam	r Latino)- A person ha	aving origins f the origina	al peoples or Europe, North Africa, or the s in any of the Black racial groups of Africa. al peoples of the Far East, Southeast Asia, an, Korea, Malaysia, Pakistan, the
	Alaskan Native (Not Hintain cultural identificati			ng origins in any original peoples of North mmunity recognition.
□ Native Hawaiian or		Not Hispanic or Latin		n having origins in any of the original
☐ Two or More Races	s (Not Hispanic or Latin	0)		

Veteran Status: I wish to identify myself as a covered veteran.
□ Disabled Veteran—(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
□ Recently Separated Veteran—Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
☐ Armed Forces Service Medal Veteran—Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
□ Other Protected Veteran—A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by he Department of Defense.
Disability Status
□ I wish to identify myself as an individual with a disability. "Individual with a disability" includes any person who has a object of mental impairment which substantially limits one or more of such person's major life activities.

You are <u>not</u> required to provide the above information. If you do, efforts will be made to keep the information confidential, except where disclosure is required by law or where disclosure is necessary in order to provide a reasonable accommodation.